

# White House Conference on Aging: Solutions Forum March 9, 2005

## Mental Health Policy Solutions

Panel Discussant: Geraldine Esposito, M.S.

The overall goal of a fully functioning mental health system must be the ability to operationalize an integrated continuum of care based on levels of need. Such a system ranges from prevention and minimal intervention, to intensive outpatient services and least restrictive inpatient services. Such a system also respects the self-determination of the consumer and her right to fully participate in her own treatment. In culturally diverse states such as California, awareness and sensitivity to cultural and racial correlates to intervention are critical.

Our Mental Health Task Group reviewed in depth several target areas of current concern:

### I. STIGMA

**Problem.** The New Freedom Commission on Mental Health pointed out that “stigma is a pervasive barrier to understanding the gravity of mental illnesses.” For example, 61 percent of Americans think that people with schizophrenia are likely to be dangerous to others when, in reality, these individuals are rarely violent (Pescolido et al., 2000; U.S. Department of Health and Human Services, 1999). Stigma affects older adults disproportionately, and, as a result, older adults and their family members do not want to be identified with the traditional mental health system (U.S. Department of Health and Human Services, 2001b). Sue Levkoff, ScD, SM, MSW, Director of the Positive Aging Resource Center, explains that older adults have a different attitude toward mental illness than the younger generation. She points out that “They grew up in an era when having such problems meant you were considered ‘crazy’”.

With the aging of the baby boomer population, the need of the older adult population for access to mental health services is going to increase. However, the stigma associated with mental illness in the general population still remains, and it affects older adults disproportionately.

**Solution.** The need to develop a statewide anti-stigma campaign targeted at older adults to reduce the stigma associated with mental illness is clear. Informational resources are available to develop materials for such a campaign. Collaborative partners at the national, state and local levels, including older adult advocate organizations, should be involved in developing the campaign and disseminating materials. With the enactment of the Mental Health Services Act, the mandate to combat stigma is now associated with increased fiscal resources for several state-level organizations that may be willing to convene a task force to develop a detailed plan to implement this anti-stigma campaign.

### II. DEPRESSION / SUICIDE PREVENTION AMONG OLDER ADULTS AND INTEGRATED SERVICES IN THE PRIMARY CARE SETTING

We have combined two of our areas of focus since they are intricately bound in the older adult population.

**Problem.** According to the National Institute on Mental Health(2003), “of the nearly 35 million

Americans age 65 and older, an estimated 2 million have a depressive illness and another 5 million have...depressive symptoms that fall short of meeting full diagnostic criteria for a disorder.” Depression in older adults often looks different than in younger people. Usual symptoms of depression include: persistent low mood, irritability, fatigue, poor or changing appetites, inability to concentrate, and lack of interest or satisfaction in activities an individual would normally find interesting.

In older adults, more often than not, depression is often displayed as persistent and vague physical complaints, confusion and memory problems. Doctors treating older adults frequently do not identify the last group of complaints as depression for a number of reasons including:

- ◆ Lack of education to properly diagnose depression in older adults.
- ◆ Lack of understanding that just because an older adult may have a chronic condition such as diabetes, heart disease, or Parkinson’s disease, depressive symptoms are not necessarily a part of the disease and should be recognized as separate and treatable.
- ◆ Myth that depression is a natural part of aging.

Risk factors for older adults developing depression include chronic or severe pain, social isolation, and various losses including the loss of loved one(s), loss of a sense of productivity, loss of employment, losses associated with the ability to live independently, substance abuse, and medication abuse.

Suicide risk among older adults is very significant. Older adults with depression are more likely to commit suicide than younger people with depression. According to the American Association of Suicidology (2004), the elderly (65 years of age or older), make up 13% of the population, but account for 25% of all deaths by suicide. White men over the age of 85 are at the greatest risk of all age-gender-race groups. In 2001, the suicide rate for these men was 54 per 100,000, 5 times the current rate for all ages. 83% of elderly suicides are males. The number of male suicides in late life is 7 times greater than for female suicides. Furthermore, research shows that firearms are the most common means used for completing suicide among the elderly.

Treatment for mental health disorders traditionally has been separate from primary care treatment. The linkage of mental health services and primary care services appears to be the next level of care to provide services to the growing number of elder adults in California. This is based on the fact that historically about 60%-70% of psychotropic medications are prescribed and sometimes inappropriately prescribed in the primary care settings. Data indicates that more than 50% of mental health services are provided in the primary care setting.

Primary care is where most of the patients want to receive their mental health services since it is perceived as less stigmatizing than the specialty mental health sector. This lead to several concerns:

- ◆ Older adults who receive mental health care from primary care practitioners are often misdiagnosed or improperly treated. As a result, they continue to suffer from depression and other mental illness that complicate their medical conditions and lead to excess physical disability.
- ◆ One in five older adults are given inappropriate prescriptions.
- ◆ Older adults are less likely to be treated with psychotherapy even though the combination of anti-depressant medication and psychotherapy has been found in numerous studies to be the most effective form of psychotherapeutic treatment.

## Solutions

- ◆ Placement of behavioral intervention specialists and patient support groups in the primary care setting to alleviate both the stigma of obtaining help through a separate facility and the transportation problems frequently encountered with multiple locations.
- ◆ Intensive training for current primary care physicians on the particular physical and mental health needs of older adults, including unique and frequently negative effects of psychotropic drugs on this population.
- ◆ Workforce issues for mental health specialists across disciplines: There are national shortages of health and social service professional and paraprofessional personnel who have expertise in providing geriatric mental health care. For example, presently, there are 200 - 700 geropsychologists and 2,425 board-certified geriatric psychiatrists nationally. Less than 5 percent of members of the National Association of Social Workers identify their primary focus of practice as Aging.

Incentives such as loan forgiveness or reduction, for education in a geriatric specialty, similar to incentives offered for service in severely underserved geographic areas, are critical to begin to fill this workforce need.

- ◆ Mental health consultation availability where co-location is not viable: develop capacity for mental health providers to provide support to primary care physicians through the use of psychiatric phone consultations, mobile mental health teams and telepsychiatry to rural areas.

Geriatric mental illness brings together two of the most damaging elements of discrimination in America: the stigma of advanced age and the stigma of mental illness. Worse than being invisible, an older person suffering from depression or dementia is devalued and dismissed. The funds for research for geriatric psychiatry have decreased over the years. This has led in the past to providing inadequate services and inadequate access to treatment and services for older adults.

We now have the opportunity and most importantly through the Mental Health Services Act, the means to restore and strengthen a seamless mental health delivery system, which acknowledges older adults as equal partners among consumers.